

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16356

State File No.

FILED JUN 14 1943
JUN 14 1943

Registration District No.

Primary Registration District No. 1003

Registrar's No.

5168

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4241 W Finney Avenue /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 10yrs (Specify whether
In this community..... years, months or days)

3. (a) PRINT FULL NAME Lee McGregory

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex male 5. Color or race col 6. (a) Single, widowed, married, 2 divorced widow
(b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased March 14th 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 2 17 hr. min.

9. Birthplace Jefferson County Ark /
(City, town, or county) (State or foreign country)

10. Usual occupation nil

11. Industry or business.....

MOTHER FATHER { 12. Name Lee McGregory
13. Birthplace Jefferson County / Ark
(City, town, or county) (State or foreign country)
14. Maiden name Carelaine Coleman
15. Birthplace unk Ark /
(City, town, or county) (State or foreign country)

16. (a) Informant Caree Hanley
(b) Address 4241 W Finney Avenue
17. (a) burial (b) Date thereof 6-5-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J.H. Randle & Son
(b) Address 3133 Bell Avenue

19. (a) JUN 4 1943 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No 4241 W Finney Avenue
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1943 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from Feb 1943
..... 19..... to 10 May 31 19 43

that I last saw him alive on May 31 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis and central insufficiency
Duration

Due to.....
Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....
Of autopsy.....
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) (c) Means of injury

23. Signature J. F. Brueck (M. D. or other)
Address 4270 St. Finney Date signed 6/4/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

S. J. Watson

Licensed Embalmer No.

2698

P. O. Address.....

1769 Chouteau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.